

**DIAGNOSTIC  
EXAMINATION FEE  
SCHEDULE**

The medical services listed in this schedule may be authorized by local office staff.

The department will **not** pay for a missed appointment. Advise the client to contact the physician in advance to reschedule an appointment. The DHS-800, Medical Appointment Confirmation Notice, informs the client to contact the physician in advance to reschedule the appointment.

**KEY FOR PROGRAM AND REASON CODES**

Use the following key to determine the appropriate medical services program pay code and reason code when authorizing payment.

**PROGRAM PAY CODE**

Z = Adult Protective Services (APS)

**REASON CODE**

A = Adult Protective Services (APS)

**SECTION I - PHOTOCOPYING, COMPLETION OF MDHHS FORMS AND GENERAL  
MEDICAL EXAM**

A. Photocopies - Copies of existing medical evidence from client's treating physician (such as, office notes, progress notes), hospital admitting and discharge summary, workers compensation medical records, other physical and mental health care providers.

Program	Program Pay Code	SERVICE CODE		Fee Maximum
		Reason Code	Service Code	
Adult Protective Services	Z	A	01	Only if payment is requested. \$5.00 for 1st 5 pages. Additional pages .25 each. Maximum - \$100

B. General Medical Examination - For clients who have not had a recent physical exam (6 months or longer). The examination must include a thorough medical history and examination by a licensed physician (MD or DO). The report is to include a description of any clinical findings and any existing x-ray and laboratory results including diagnosis, prognosis and physical limitations, if any.

Program	Program Pay Code	SERVICE CODE		Fee Maximum
		Reason Code	Service Code	
Adult Protective Services (APS)	Z	A	04	\$35

## SECTION II - SPECIALITY EXAMS AND PRIOR AUTHORIZATION REQUIREMENTS

Examinations and payment for services listed in Section II under the disability related program ONLY require prior authorization by the disability examiner. Documentation necessary to establish eligibility for SSI/SSDI may also be requested and payment authorized by the MA/SSI advocate in accordance with this fee schedule.

A. Optometrist Examination (OD) - Must include visual acuity, refraction, charted visual fields and completion of the DHS-49-I, Eye Examination Report.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	05	\$35	X

B. Psychological Evaluation (Clinical) - A standardized clinical study, to include IQ (WAIS-R) and projective tests, such as M.M.P.I., Bender-Gestalt, Draw-a-Person, Rorschach, etc. Include interpretation of results, interview observations and recommendations.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	06	\$145	X

C. IQ TEST (WAIS-R) and Narrative Report

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A			

SPECIALISTS EXAMINATIONS - Comprehensive history and examination. Must include clinical findings, diagnoses and prognosis, functional limitations or restrictions, if any, and recommendations. No therapy or treatment. Reports from specialists are required to be in narrative form except ophthalmologist's reports which may be completed on a DHS-49I, Eye Examination Report, and a psychiatrist's report which may be completed on a DHS-49D, Psychiatric/Psychological Examination Report.

D. Specialty - Cardiologist, Internist, Neurologist, Orthopedist, Psychiatrist, Rheumatologist, Pulmonologist, Physiatriist:

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	08	\$95	X

E. Specialists not otherwise listed - (for example, Dermatologist, Ophthalmologist, Otolaryngologist):

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	09	\$85	X

F. Neuropsychological Evaluations - Test battery used for clients with neurologically-based conditions such as: stroke, head injury, cerebral palsy and complex learning disabilities, etc. It includes measures of fatigue, intelligence, language, memory, orientation, perception and personality.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	10	\$500	X

## CLINICAL EXAMINATIONS

H. Resting ECG (electrocardiogram) with interpretation and report.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	12	\$30	X

## I. ECG with Exercise Treadmill with interpretation and report.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	13	\$170	X

## J. EEG (Electroencephalogram) with interpretation and report.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	14	\$85	X

## K. EMG (Electromyograph) with interpretation and report, one extremity.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	15	\$90	X

Each added extremity

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	16	\$30	X

L. PFT (Pulmonary Function Test) Before and after, with bronchodilator. Must be ordered according to the specific pulmonary condition as described in Social Security disability criteria under respiratory impairments.

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	17	\$75	X

X-RAYS AND LABORATORY STUDIES - Only as necessary and appropriate.

M. X-rays and Laboratory Studies

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	18	\$350	X

N. CAT Scan

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	19	\$500	X

## O. MRI (without contrast)

Program	Program Pay Code	SERVICE CODE		Fee Maximum	Prior Authorization
		Reason Code	Service Code		
Adult Protective Services (APS)	Z	A	20	\$700	X

Other medical services not listed in the schedule.

Program	Program Pay Code	SERVICE CODE		Fee Maximum
		Reason Code	Service Code	
Adult Protective Services	Z	A	21	\$0

**SECTION III - APS SPECIFIC EXAM**

The following medical services apply specifically to Adult Protective Services:

## A. Geriatric Assessment

Program	Program Pay Code	SERVICE CODE		Fee Maximum
		Reason Code	Service Code	
Adult Protective Services (APS)	Z	A	27	\$500

**EXHIBIT II - DHS-93 QUICK REFERENCE CHART FOR APS**

MEDICAL SERVICES AUTHORIZATION PAYMENT CODES FOR ADULT PROTECTIVE SERVICES

Program Pay Code	SERV CODE		MPS Provider Elig. Code	SERVICE CODE DESCRIPTION  A more complete description may be found in Services Requirements Manual (SRM) Item 234.	Payment Maximum
	Reason Code	Service Code			
Z	A	01	45,46	APS Photocopies	\$100
Z	A	04	45	APS General Medical Examination	\$35
Z	A	05	45	APS Optometrist Exam (OD)	\$35
Z	A	06	45	APS Psychological Evaluation - Clinical	\$145
Z	A	07	45	APS IQ Test (WAIS-R) only	\$60
Z	A	08	45	APS Specialty Exams	\$95
Z	A	09	45	APS Specialist not otherwise listed	\$85
Z	A	10	45	APS Neuropsychological Evaluations	\$500
Z	A	12	45	APS APS Resting ECG (electrocardiogram)	\$30
Z	A	13	45	APS ECG with exercise treadmill	\$170
Z	A	14	45	APS EEG (electroencephalogram)	\$85
Z	A	15	45	APS EMG (electromyograph) - one extremity	\$90
Z	A	16	45	APS Each added extremity	\$30
Z	A	17	45	APS PFT (Pulmonary Function Test) - Before and after, with bronchodilator	\$75
Z	A	18	45	APS X-rays and Laboratory Studies	\$350

Program Pay Code	SERV CODE		MPS Provider Elig. Code	SERVICE CODE DESCRIPTION A more complete description may be found in Services Requirements Manual (SRM) Item 234.	Payment Maximum
	Reason Code	Service Code			
Z	A	19	45	APS CAT Scan	\$500
Z	A	20	45	APS MRI without contrast	\$700
Z	A	21	45	APS Other	\$0
Z	A	27	45	APS Geriatric Assessment	\$500

**Note:** Medical authorization payment information for Protective Services, Children's Foster Care, and Juvenile Justice cases have been moved to Services Requirements policy [SRM 800, DHS-93, Medical Services Authorization](#), and [SRM 801, DHS-93 Medical Service Authorization Fee Schedule](#).

Family Independence Program (FIP), State Disability Assistance (SDA), Medicaid (MA) and Food Assistance Program (FAP) references have been removed; see [BAM 115, Application Processing](#), and [BAM 435, Provider Management](#).